

Linkage

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FROM THE OFFICE OF THE DIRECTOR

Changing Times *by Oscar Morgan*



The Mental Hygiene
Administration,
The Maryland
Department of
Health and
Mental Hygiene

Parris N. Glendening,
Governor

Kathleen Kennedy
Townsend,
Lt. Governor

Georges C. Benjamin, MD
*Secretary,
Department of Health
and Mental Hygiene*

Fall -- a time of year when leaves begin to change color, the air appears crisper, the days become shorter. And, with that changing season we often find ourselves looking forward to additional family time during the upcoming holidays. Unfortunately, due to this year's tragic events on September 11th and the United States retaliation this past October, it is now a time we find ourselves subject to increased levels of anxiety, depression, and post-traumatic stress. Our nation is confronting an unprecedented situation; people are expressing concern about the safety and emotional well-being of themselves and their families. We must be ready to assist our communities in these critical times of change. It is essential that we develop an appropriate ongoing response. (See Press Release, page 3).

The Mental Hygiene Administration extends our heartfelt sympathy to the victims and families of the September 11th and ongoing terrorist attacks. We keep all in our thoughts, and recognize community needs may have changed as a result.

Together, as a community, we hope we can provide the support and assistance to those who need it most.

A team of mental health professionals from Prince George's County has been sent to New York City at the request of Mr. James Stone, M.S.W., the Commissioner of the Office of Mental Health for New York. We extend our sincere appreciation to members of this team and to all others who have volunteered their assistance.

With increased levels of service need (there has been an approximate 21% increase in the number of consumers within the PMHS from fiscal year 1998-2000), and the potential growth, we must continue to evaluate the Public Mental Health System. Based on these evaluations, we hope formalize specific system outcomes. With the improved data collection of the PMHS, we now have a better understanding of service need, which will assist us further in getting individuals the necessary services to help them return to more independent levels of functioning. Over the next several months, in collaboration with Milbank Memorial Foundation and the newly created Evidence-Based Practice Center, the Mental Hygiene Administration (MHA) will be forming a committee to define outcomes based on consumer preference. The challenge facing the PMHS is how to move forward with this while simultaneously remaining ready to address any

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Changing Times *Continued*

additional mental health need as a result of the current national crisis. Perhaps, many feel these are not times for business as usual. Nonetheless, in order to be effective throughout this national crisis, the PMHS must continue to enhance its system based on consumer need and medical necessity; thereby ensuring that appropriate levels of service continue to be met for priority populations while ensuring the stability of the system throughout any additional crisis. Indeed, it is a time of reflection and of redefining our system; of equal importance -- it is a time of reassurance and perseverance.

We know change is always a constant in our lives, but it does not have to be a difficult transition. With collaborative planning efforts, the PMHS remains confident that our current challenges can be met. With the continued support of various health and mental health agencies, providers of service, advocates, families and consumers, we will continue to meet the needs of our communities. United we will remain a strong community link to improved health.

Currently, to meet the increased service need of children and adolescents, the MHA is working with the Office of Children, Youth and Families to develop an enhanced child and adolescent pool funding initiative to better address service need. (See article *"Moving Forward with School-Based Mental Health and Violence Prevention"* on page 4). And more recently, to address the emotional impact of the events of September 11th, MHA has posted some resource information on its website at

www.dhmmh.state.md.us/mha. It is important for each of us to recognize the symptoms of post-traumatic stress, and recognize that help is available. (Other Informational resources: www.mentalhealth.org/publications or www.fema.gov/nwz). We can help our families, our neighbors, and ourselves in this crisis if we recognize the need for help, share resources, exchange knowledge, and continue to work together as a community. Working together, we will weather the storm of change, and perhaps build stronger communities with enhanced health care systems. Through continued efforts in identifying "best practices", we will ensure that Maryland's Public Mental Health System is driven by consumer preference in providing services that are "evidence-based" as the most effective in helping individuals return to their communities.

I invite you to continue with us in building upon Maryland's Public Mental Health System. Though there may be additional storms to weather, the PMHS will prevail as a national model with the continued commitment and dedication of such a caring community. ■

NEW AUTHORIZATION FAX LINE

Effective November 1, 2001 any service authorization plans faxed to Maryland Health Partners **must** be faxed to **(410) 953-1903**. This is a secure fax line established to protect the confidential information associated with treatment plans. If your program can mail your authorization plans to MHP, this remains the preferred mode of receipt.

Implementation of Diagnostic Services for Medication Side Effects

by Helene Adami

The presentation of psychiatric problems in children is often complicated and difficult to tease apart diagnostically. Disruptive symptoms in the classroom are often early signs of more serious psychiatric illnesses that are developing. It has been noted that 15%-35% of children with major depression and 40%-60% with bipolar illness have psychosis (Sikich, L. 2001). Little information exists regarding the extent of use, prevalence of side effects, or tolerability of antipsychotic drugs in children; yet, we know that the use of antipsychotic drugs in pediatric patients with a variety of psychiatric syndromes is on the increase (Malone et al 1999, Campbell et al. 1997). Atypical agents are likely to be more effective than older, typical antipsychotic agents in children, but the risk and severity of side effects for any of these medications are not known but may be greater in children than adults (Sikich, L. 2001). Older generation antipsychotic drugs cause moderate to severe extrapyramidal symptoms (EPS) in about 50% of patients. EPS continues to be a problem with the newer atypical agents (30% with risperidone treatment and 10% with olanzapine). A comparison of haldol, olanzapine and risperidone indicates that rate of weight gain is about 0.25 kg/week on all three study medications. Prolactin levels increased in all 3 groups but were highest in the risperidone group at 60 ng/ml (mean endpoint value).

The Children's Side Effect Clinic of the Maryland Psychiatric Research Center is

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Diagnostic Services *Continued*

providing screening services for antipsychotic medication side effects in children. The purpose of the clinic is to provide a service to treatment providers, children, and their families by monitoring side effects in children longitudinally, following them through different treatment facilities or providers. Longitudinal information regarding medications and side effects will be shared with current treatment providers in the form of consultation reports. Side effect consultants will 1) evaluate children receiving antipsychotic medications, 2) monitor the rate (incidence) of medication side effects in children, 3) identify risk factors for the development of side effects in this age group, 4) follow children every 6-12 months to provide long-term evaluative care. The evaluation consists of a psychiatric, neurological and medication history, plus a focused neurological examination, along with a rating and videotaping of involuntary movements. The results of the evaluation are described in a consultation report that is sent to the referring physician. A 6-month follow-up appointment is made for all patients. The clinic will monitor the use of antipsychotic drugs in children, evaluate for early detection of side effects and suggest intervention if side effects emerge. The targeted side effects are cardiac conductivity problems, weight gain and its long-term health effects such as diabetes, and motor side effects such as extra pyramidal symptoms and tardive dyskinesia. With the support of MHA, the clinic plans to learn more about the use of antipsychotic treatment in children, and to provide a valuable service for treating physicians. Consultants may be able to travel to inpatient or outpatient child treatment programs to provide this service. For more information, please contact me at (410) 402-6832. ■

PRESS RELEASE: DHMH Receives Grants to Create Trauma/Crisis Response Office

Services provided by Crisis Hotline also to increase

BALTIMORE, MD (November 14, 2001) -- The Department of Health and Mental Hygiene (DHMH) has received two federal grants totaling \$950,000 to create a Trauma/Crisis Response Office and to expand services available through the Department's Crisis Hotline.

The DHMH Alcohol and Drug Abuse Administration and the Department's Mental Hygiene Administration have each been awarded \$475,000 from the federal Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) to address expected substance abuse and mental health concerns resulting from the terrorist attacks on the United States.

"The most important benefit of these funds is that we will be able to expand the services of our crisis hotline," said Arlene Stephenson, DHMH Deputy Secretary for Public Health Services. "This is critical to helping our citizens deal with the trauma of the terrorist events as well as with their ongoing fears."

The DHMH Alcohol and Drug Abuse Administration and the Mental Hygiene Administration will work collaboratively to establish the Trauma/Crisis Response Office. This office will be the initial point of contact for a statewide Trauma/Crisis Response System. It will have the ability to identify best practices for trauma-related illnesses; gather data and communicate trends and other patterns for mental health and substance abuse services; and develop collaborative linkages with appropriate emergency operations.

Plans for the Crisis Hotline are to increase capacity to respond to questions and concerns the general public may have in the aftermath of the September 11 terrorist attacks and any subsequent events that may occur. The hotline currently focuses on youth-oriented services.

NEW GUIDE NOW AVAILABLE

A new publication, **Challenging Stereotypes: An Action Guide**, released by SAMHSA's Center for Mental Health Services, is designed to help reduce the prejudice toward people who have mental illness. For a free copy of the guide, contact SAMHSA's National Mental Health Services Knowledge Exchange Network at P.O. Box 42490, Washington, DC 20015 or www.samhsa.gov, click on SAMHSA's Clearinghouse, and then click on KEN.

Moving Forward with School-Based Mental Health and Violence Prevention Initiative

by *Deana Krizan and Tom Merrick*

The Mental Health Administration (MHA), on behalf of the agencies of the Subcabinet for Children Youth and Families, has awarded 1.8 million dollars to ten local jurisdictions for school-based mental health and violence prevention programs. Baltimore City, Garrett, Kent, and Somerset Counties were awarded funding to develop and implement school-based mental health and violence prevention programs within their school districts. Baltimore and Somerset Counties were awarded continuation funds for projects previously started under the State's School Health Center Initiative. In addition, Allegany, Montgomery, Queen Anne's, and Worcester Counties were awarded planning money for the current fiscal year.

Each county awarded a School-Based Mental Health and Violence Prevention initiative grant is required to develop or enhance a broad-based local partnership of governmental and nongovernmental constituencies. The county local partnerships will be responsible for the development and implementation of school-based mental health programs, required to provide evidence-based practices designed to promote positive mental health and violence prevention services.

State Team members will assist each county local partnership by providing ongoing support, training and technical assistance to develop and sustain evidence-based mental health and violence

prevention practices within their schools. The State Team, lead by MHA, brings representatives from the Maryland Coalition of Families for Children's Mental Health, Mental Health Association of Maryland, Johns Hopkins Youth Violence Prevention Center, Maryland State Department of Education, The Governor's Office of Children, Youth and Families, and the Office of the Lt. Governor together in a collaborative effort to assist in training, the dissemination of information, and oversight of this initiative.

Due to the size and scope of the project, the State Team has recently developed an Electronic Learning Community (ELC) web site for all its local partnership members. The ELC provides an opportunity for all county participants to get current information about upcoming events with the School-Based Mental Health and Violence Prevention Initiative. The site also provides recent articles, data, and links discussing school-based mental health and violence prevention programs and evidence-based practices. The ELC provides a public forum for county and state team members to interact and discuss their successes and struggles with the development and implementation of this initiative. Members of the ELC community are encouraged to post comments, articles, and links on this web site that may be helpful to other members. Recently, MHA created a resource file to assist local systems as they seek to help students and families cope with the emotional consequences of the September 11th terrorist attacks.

It is hoped that as the school-based mental health and violence prevention programs begin to be implemented within the schools, there will be an increase with ELC

members accessing information and participating in discussions via the web.

Members of the State Team recently attended site visits at Garrett and Somerset Counties, and were pleased with the progress being made. The State Team will be attending more site visits in the months to come in order to provide support, training, and information to help each county in its implementation process.

Additional information on the School-based Mental Health and Violence Prevention Initiative's progress will be provided in upcoming issues of the *Linkage* newsletter. For more information on this program, please contact Tom Merrick at (410) 767-6649. ■

Mental Hygiene Administration's New Evidence-Based Practice Center

By *Eileen B. Hansen, MSSW*

The Mental Hygiene Administration (MHA) and the University of Maryland's Center for Mental Health Services Research are pleased to announce the establishment of a new Evidence-Based Practice Center (EBP), to be located at the University of Maryland, Baltimore. The new Center will distribute research-based information on mental health treatment to stakeholders in Maryland's Public Mental Health System (PMHS). It will also promote adoption and implementation of those practices through ongoing training and consultation.

In collaboration with the University of Maryland, MHA has created

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Evidence-Based Practice Center *Continued*

the Mental Health Systems Improvement Collaborative, which will include the Evidence-Based Practice Center; the former Training Collaborative, now renamed the Training Center; and another center which will focus on systems evaluation activities.

The Evidence-Based Practice Center's initial activities will focus on participation in a multi-state research and demonstration project called the Evidence-Based Practice Project. Funded by the Center for Mental Health Services and the Robert Wood Johnson Foundation, the project is headed by Robert Drake, M.D. of the New Hampshire-Dartmouth Psychiatric Research Center.

The first phase of the EBP Project involves development of standardized guidelines and training materials in the form of six toolkits. There will be a separate toolkit to address each of the following evidence-based practice areas: the use of "new generation" medications; assertive community treatment; supported employment; integrated services for co-occurring mental health and substance abuse disorders; family psycho-education; and illness self-management. Leading mental health researchers, clinicians, consumers and family members are developing these toolkits -- which will include workbooks and videotapes -- as well as allow access to expert consultants. They are designed for multiple audiences: state, local and provider agency leaders and directors, clinicians, consumers, and family members.

Phase two will involve field testing the toolkits, to determine their effectiveness. Maryland has been selected as one of four states which will test the toolkits. The evidence-based practices of supported employment and family psychoeducation have been selected for dissemination in the first year (expected to start in early 2002). Maryland's new

Evidence-Based Practice Center will provide trainers to disseminate the toolkits and will provide ongoing consultation to program leaders, clinicians, consumers and family members.

Following field testing of the toolkits in phase two, researchers plan to study how well the evidence-based practices have been implemented in the participating states, and look at those factors which affect implementation. This will permit an opportunity to revise and refine the toolkits, before widespread dissemination of the toolkits begins in phase three.

To obtain more information about this topic, and this national project, the reader is directed to the journal *Psychiatric Services*, which has dedicated each of this year's monthly issues to the topic of evidence-based practice. For further information about the new Evidence Based Practice Center, please call the author at 410/706-4967. ■



DHMH FALL FEST: The Fourth Annual DHMH Fall Fest, held October 11, 2001, was again successful in providing needed health information and screenings to local community residents and State employees.

This year's **Annual Talent/Gong Show** contestants were entertaining and once more illustrated a variety of talents. Winners as shown to the left: First Place, Rodney Lawson with Charlene Street; Second Place, David Oliver; and Third Place, Anthony Dickens; Best Gong, Charlene Street.

We've Moved! The Mental Hygiene Administration has moved, effective November 2001. Our new mailing address is:

Mental Hygiene Administration
SGHC/ Dix Building
Wade Avenue, Catonsville, MD 21228

The new main line telephone number: **(410) 402-8300.**

The new main fax number: **(410) 402-8301.**

ANNOUNCEMENT

• The Regional Institute for Children and Adolescents in Rockville has formally renamed their facility the "**John L. Gildner-Regional Institute for Children and Adolescents**" in honor of their former Chief Executive Officer.

Maryland Department of Health and Mental Hygiene

Mental Hygiene Administration
Dix Building
Wade Avenue
Catonsville, Maryland 21201

MHA (410) 402-8300
Website: www.dhmh.state.md.us/mha
PMHS Service Access/
Authorizations/Maryland Health
Partners:

1-800-888-1965

Maryland Youth Crisis Hotline:

1-800-422-0009

Department of Health
and Mental Hygiene: (toll-free)
1-877-4MD-DHMH

TTY for Disabled – Maryland Relay
Service 1-800-735-2258

CENTER'S RIBBON CUTTING CEREMONY

The newly constructed Eastern Shore Hospital Center held a "Ribbon Cutting Ceremony" on August 15th. Governor Parris N. Glendening and Treasurer Richard Dixon providing key remarks. Many honorable and distinguished guests, including Secretaries Georges Benjamin and Peta Richkus, representatives from the House of Delegates, the State Senate, the Mayor of Cambridge, and various county commissioners were present. Many thanks to all those who helped make the event such a success.



Note from Editor: Deadline for submission of articles for next issue of *Linkage* is **December 17, 2001.**

Linkage

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Contributions are welcome, but subject to editorial change. Please send to Editor at above address.